

BACKFLOW PREVENTER TEST AND INSPECTION REPORT

THIS FORM MUST BE SUBMITTED TO THE CITY WITHIN 14 DAYS FROM THE TEST DATE PLEASE EMAIL COMPLETED TEST REPORTS TO BACKFLOW@VAUGHAN.CA
REPORT WILL BE RETURNED FOR ANY MISSING INFORMATION

| SECTION 1 - PROPERTY OWNER INFORMATION | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Property Owner First and Last Name: | | | | | | | | |
| Address and Postal Code of Owner: | | | | | | | | |
| Email: To | elephone #: | | | | | | | |
| | | | | | | | | |
| SECTION 2 - QUALIFIED COMPANY & TESTER INFORMATION | | | | | | | | |
| Qualified Person Name: | OWWA / ASSE Certification #: | | | | | | | |
| Qualified Company Name and Telephone #: | | | | | | | | |
| Test Kit Serial #: Calibration | Calibration Expiry Date (mm/dd/yyyy): | | | | | | | |
| SECTION 3 - FACILITY INFORMATION | | | | | | | | |
| Facility Address: | | | | | | | | |
| Current Occupant / Business Name: | Facility Hazard Level: Severe Moderate Minor | | | | | | | |
| SECTION 4 - BACKFLOW INFORMATION | | | | | | | | |
| Test Type: ☐ Install / Relocate / Replace → Building Permit # | ☐ Requested by City ☐ Inspection ☐ Annual | | | | | | | |
| BFP Type: ☐ RP ☐ RPDA ☐ DCVA ☐ DCDA ☐ PVB ☐ SRPVB | ☐ SCVAF ☐ Other: | | | | | | | |
| Serial #: Manufacturer: Model: | Size: mm / inch | | | | | | | |
| Purpose of BFP? Check All That Apply □ Domestic Premise → City Meter By-pass Installed? □ Yes □ No By-pass Valve Closed? □ Yes □ No By-pass Valve Sealed? □ Yes □ No → Unprotected Branch Located Between City Water Meter and Domestic Premise Device? □ No □ Yes If YES → Specify Below: | | | | | | | | |
| ☐ Fire Premise ☐ Combined Premise ☐ Water Meter By-pa | ss | | | | | | | |
| ☐ Fire Detector → Detector Meter Serial #: Reading: | m3 Detector Meter Not Installed | | | | | | | |
| ☐ Area / Zone → Specify: | | | | | | | | |
| Device Located Underground? \square No \square Yes If YES \rightarrow Test Ports Plugged? \square Yes | ☐ No Chamber Full of Water? ☐ Yes ☐ No | | | | | | | |
| Location of BFP: | | | | | | | | |



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| SECTION 5 - BACKFLOW TESTING IF DEVICE FAILED DURING INITIAL TEST, NOTE THE REPAIRS IN THE SECTION BELOW AND COMPLETE THE RE-TEST SECTION WITH THE RE-TEST RESULTS | | | | | | | | | |
|---|--|----------------------------|-----------------------------------|--|----------------------------|------------------------------|----------------------------|-------------------------|--|
| | RP | | DCVA & SCVAF | | PVB/S | PVB/SRPVB | | | |
| | RELIEF VALVE (B) | CHECK VALVE #1 (A) | CHECK VALVE #2 | CHECK VALVE #1 | CHECK VALVE #2 | AIR INLET VALVE | CHECK VALVE | #1 #2 | |
| TEST | ☐ FAILED TO OPEN | ☐ LEAKED☐ CLOSED TIGHT | ☐ LEAKED ☐ CLOSED TIGHT | ☐ LEAKED☐ CLOSED TIGHT | ☐ LEAKED☐ CLOSED TIGHT | ☐ FAILED TO OPEN | ☐ LEAKED☐ CLOSED TIGHT | ☐ LEAKED ☐ ☐ ☐ CLOSED ☐ | |
| | Opened at = | Pressure Differential = | Pressure Differential = | Pressure Differential = | Pressure Differential = | Opened at = | Pressure Differential = | | |
| | PSI | PSI | PSI | PSI | PSI | PSI | PSI | | |
| | BUFFER (C) A − B = C Air Gap Maintained? BUFFER (C) = PSI □ YES □ NO | | TEST DATE (mm/dd/yyyy) STATIC PS | | PSI | TEST RESULT □ PASS □ FAIL | | | |
| R | RP | | DCVA & SCVAF | | PVB/ | PVB/SRPVB | | | |
| | RELIEF VALVE (B) | CHECK VALVE #1 (A) | CHECK VALVE #2 | CHECK VALVE #1 | CHECK VALVE #2 | AIR INLET VALVE | CHECK VALVE | #1 #2 | |
| Ш - ТШ | ☐ FAILED TO OPEN | ☐ LEAKED☐ CLOSED TIGHT | ☐ LEAKED ☐ CLOSED TIGHT | ☐ LEAKED☐ CLOSED TIGHT | ☐ LEAKED☐ CLOSED TIGHT | ☐ FAILED TO OPEN | ☐ LEAKED☐ CLOSED TIGHT | ☐ LEAKED ☐ ☐ ☐ CLOSED ☐ | |
| | Opened at = | Pressure Differential = | Pressure Differential = | Pressure Differential = | Pressure Differential = | Opened at = | Pressure Differential = | | |
| | PSI | PSI | PSI | PSI | PSI | PSI | PSI | | |
| S T | BUFFER (C) $A - B = C$ Air Gap Maintained? BUFFER (C) = PSI \square YES \square NO | | | RE - TEST DATE (mm/dd/yyyy) STATIC PSI RE-TEST RESULT PASS | | | | | |
| COMI | MENTS | | - | | 317(110 | | ICABLE REPAIR/ | S | |
| | TENTS | | | | ☐ SPRING | _ | _ ` | PAIR KIT | |
| | | | | | | | | ANED / REPLACED | |
| □ DISC □ OTHER: | | | | | | | | | |
| I HEREBY DECLARE THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CERTIFY THAT I HAVE TESTED THE ASSEMBLY ABOVE IN ACCORDANCE WITH BY-LAW 177-2020 & THE CAN/CSA B64 STANDARD. | | | | | | | | | |
| QUALIFIED PERSON SIGNATURE DATE (mm/dd/yyyy) | | | | | | | | | |
| The personal information collected herein is subject to the Municipal Freedom of Information and Protection of Privacy Act. The information is collected under the authority of the City of Vaughan By-law 177-2020 and may be used for the enforcement and administration of the By-law and will be stored by the City for such period of time which facilitates the enforcement and administration of the By-law. Completion of this form constitutes consent by the owner/tenant to these terms and uses, unless otherwise modified or revised in writing and delivered to the Director of Environmental Services for the City of Vaughan. | | | | | | | | | |

| City of Vaughan Backflow Prevention Program |

vaughan.ca/WaterBackflow